

## Application for a Child Care Residential Certificate

**Note:** It may take up to 60 days to process your **completed** application, or 90 days if FBI fingerprint clearances are required. An application is considered complete when **all** required items have been received by the Bureau.

### A. IDENTIFYING INFORMATION:

Applicant Name: \_\_\_\_\_ Phone #: (\_\_\_\_) \_\_\_\_\_

Program Name: \_\_\_\_\_ Cell #: (\_\_\_\_) \_\_\_\_\_  
(Complete only if your child care program has a name, in addition to your own name.)

Mailing Address: \_\_\_\_\_

City & Zip Code: \_\_\_\_\_ Fax #: (\_\_\_\_) \_\_\_\_\_

Facility Street Address: \_\_\_\_\_

City & Zip Code: \_\_\_\_\_

Interpreter's Name (if applicable): \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Food Program Sponsor (if applicable): \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Have you been a licensed or certified child care provider in Utah before? \_\_\_\_ Yes \_\_\_\_ No

### B. ACTION REQUESTED & DOCUMENTS REQUIRED:

If you are requesting more than one action, check all boxes that apply for items 1-7 below.

#### 1. ☐ Initial License

- \_\_\_\_\_ This application form, completely filled out, signed, and dated.
- \_\_\_\_\_ \$25.00 application fee made payable to: Utah Department of Health.
- \_\_\_\_\_ Completed CBS/MIS Consent & Release of Liability forms. Please see the enclosed information sheet for background screening and fingerprint requirements.
- \_\_\_\_\_ Fingerprint card(s) and \$24.00 per person fee for each person required to submit fingerprint cards. A separate check or money order is required for fingerprint fees.
- \_\_\_\_\_ Copy of fire clearance, if required by local fire department. (Contact your local fire authority to obtain this clearance.)
- \_\_\_\_\_ Copy of current city business license or receipt verifying application, if required by local jurisdiction. (Contact your city/county to obtain this license.)
- \_\_\_\_\_ Local health department inspection. (Contact your local health department to obtain this inspection.)

#### 2. ☐ Annual License Renewal Application

- \_\_\_\_\_ This application form, completely filled out, signed, and dated.
- \_\_\_\_\_ \$25.00 renewal application fee.
- \_\_\_\_\_ Completed Request for Annual Renewal of CBS/MIS Criminal History Information form. Please see the enclosed information sheet for background screening and fingerprint requirements.
- \_\_\_\_\_ Fingerprint card(s) and \$24.00 per person fee for each person who has not continuously resided in Utah for the past 5 years, unless the person has already passed the FBI fingerprint clearance. A separate check or money order is required for fingerprint fees.
- \_\_\_\_\_ A current local health department inspection. This is required **every other year** beginning with the licensee's initial licensing date.

3. ☐ **Change of Location**

- \_\_\_\_\_ Copy of current fire clearance for your new location, if required by local jurisdiction.  
\_\_\_\_\_ Copy of current city business license for your new location, if required by local jurisdiction.  
\_\_\_\_\_ Current local health department inspection for your new location.  
\_\_\_\_\_ \$25.00 fee, only if the provider has had more than two license changes during the current licensing year.

4. ☐ **Increase or Decrease in Your Licensed Capacity**

- \_\_\_\_\_ Requested increase in total capacity: \_\_\_\_\_ (This request may not conflict with local ordinances.)  
Approved increase: \_\_\_\_\_ (Leave blank – determined by Licensing)  
\_\_\_\_\_ Requested decrease in capacity: \_\_\_\_\_  
\_\_\_\_\_ \$25.00 fee, only if the provider has had more than two license changes during their current licensing year.

5. ☐ **Change of Licensee Name**

- Previous Name: \_\_\_\_\_  
New Name: \_\_\_\_\_  
Reason for Change: \_\_\_\_\_ Divorce \_\_\_\_\_ Marriage \_\_\_\_\_ Business Name Change  
\_\_\_\_\_ Other: \_\_\_\_\_  
\_\_\_\_\_ \$25.00 fee, only if the provider has had more than two license changes during their current licensing year.

6. ☐ **Change of Category**

- Current Category: \_\_\_\_\_ Licensed Family \_\_\_\_\_ Licensed Family Group \_\_\_\_\_ Residential Certificate  
Desired Category: \_\_\_\_\_ Licensed Family \_\_\_\_\_ Licensed Family Group \_\_\_\_\_ Residential Certificate  
\_\_\_\_\_ \$25 fee, only if the licensee or certificate holder has not paid fees within the past six months, based on the date of the "Paid" stamp on their application. Or,  
\_\_\_\_\_ \$25.00 fee, only if the provider has had more than two license changes during their current licensing year.  
\_\_\_\_\_ Completed CBS/MIS Consent & Release of Liability forms, if it has been six months since background clearances were completed for the applicant and all household members age 12 and older.  
\_\_\_\_\_ Current fire clearance, if the requested category change is from residential certificate to licensed family provider.

7. ☐ **Deemed Status**

- \_\_\_\_\_ Request for Initiation of Deemed Status.  
Date of scheduled exit interview with accrediting agency: \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Your Licensing Specialist will attend this interview.)  
\_\_\_\_\_ Copies of inspection reports and recommendations, and progress reports for all corrective actions underway or completed in response to the accrediting agency's or the Department's recommendations.  
\_\_\_\_\_ Request for Continuation of Deemed Status. (Include copy of your current accreditation certificate).  
Date of last accreditation: \_\_\_\_/\_\_\_\_/\_\_\_\_  
\_\_\_\_\_ Relinquishment of Deemed Status. Date relinquished: \_\_\_\_/\_\_\_\_/\_\_\_\_

### **C. HOUSE HOLD MEMBERS**

You must complete the following information for every person living in your home, including yourself.

Name	Date of Birth	Name	Date of Birth
	____/____/____		____/____/____
	____/____/____		____/____/____
	____/____/____		____/____/____
	____/____/____		____/____/____
	____/____/____		____/____/____
	____/____/____		____/____/____
	____/____/____		____/____/____
	____/____/____		____/____/____

### **D. CRIMINAL IDENTIFICATION SCREENING (CBS/MIS)**

Utah Code 26-39-107 requires that each person requesting to be licensed or certified, or to renew a license or certificate submit to the Department the name and other identifying information, which may include fingerprints, of existing, new and proposed: owners; director; members of governing body; employees; providers of care; and volunteers; except parents of children enrolled in the programs. This information will be used to screen the individuals for criminal history through the Bureau of Criminal Identification (BCI) and the Department of Human Services Management Information Systems.

Completed CBS/MIS Consent & Release of Liability form(s) are included with this application for all:

- \_\_\_\_ Persons age 12 years and older who reside in the home
- \_\_\_\_ Additional caregivers
- \_\_\_\_ Substitute caregivers

### **F. CERTIFICATION OF UNDERSTANDING:**

I understand that this document serves as the formal request upon which a licensing decision will be based. I agree, for the purpose of determining compliance with child care licensing rules established by the Department of Health and Utah State licensing laws, to allow authorized Department of Health representatives with proper identification to:

1. Enter and inspect the facility, property and premises without a warrant at any time the center is open for care.
2. Review facility documents.
3. Interview caregivers, children, employees, household members and others as necessary.

I agree to read and follow the child care rules and laws established by the State of Utah. I authorize investigation of all statements contained herein and understand that misrepresentation or omission of facts may result in denial of my application. I do hereby state that the information provided on this application is true and correct to the best of my knowledge.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Signature of Applicant Date

**Mail completed application, fees, and all required application documents to:**

Bureau of Child Care Licensing, Northern Region  
P.O. Box 650  
Layton, Utah 84041

(801) 444-2950  
Toll Free: 1-800-883-9375